

Harwood Unified Union School District
Stipend Payment Form for Required Course/Workshop Participation

Please complete the form below and attach to your certificate of completion. Submit to Sheila Soule at Central Office for processing.

Employee Name: _____ School: _____ Date: ___/___/___

Course/Workshop Name: _____

Location of Course/Workshop: _____

Start Date: _____ End Date: _____

I certify that I have completed the above course/workshop and have attached my certificate of completion

Employee Signature: _____ Date: ___/___/___

For Administrator / Central Office Processing Only

Please pay employee for _____ hours of per diem pay

Admin Signature: _____ Date: ___/___/___

GL Code: _____